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## BIB DATA SHEET

CONFIRMATION NO. 6357

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|-----------------------|-------|----------------|---------------------|
| 10/561,428    | 03/26/2007<br>RULE    | 710   | 2456           | M0274.70040US       |

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/GB04/02570 06/16/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0314043.12 06/17/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

09/07/2007

| Foreign Priority claimed<br>35 USC 119(a-d) conditions met                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance<br>Initials | STATE OR COUNTRY<br>UNITED KINGDOM | SHEETS<br>3 | TOTAL CLAIMS<br>52 | INDEPENDENT CLAIMS<br>6 |
|---|--|--|------------------------------------|-------------|--------------------|-------------------------|
| Verified and<br>Acknowledged<br>_____<br>JAMES T BARON/<br>Examiner's Signature |  |  |                                    |             |                    |                         |

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 UNITED STATES

**TITLE**

Method and System for Selectively Distributing Data to a Set of Network Devices

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>3230 | FEES: Authority has been given in Paper<br>No._____ to charge/credit DEPOSIT ACCOUNT<br>No._____ for following: | <input type="checkbox"/> All Fees                            |
|                                    |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                                    |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                                    |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                                    |   | <input type="checkbox"/> Other _____                         |
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